



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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THIS SPACE FOR OFFICE USE ONLY

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KIM  
AREA

HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
KUGISAKI	CRAIG	T.	528-0557
MAILING ADDRESS (Street)			FAX
American Savings Bank Tower, Suite 2727 1001 Bishop Street			528-0641
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
CRAIG T. KUGISAKI, ATTORNEY AT LAW, A LAW CORPORATION			528-0557
MAILING ADDRESS (Street)			FAX
American Savings Bank Tower, Suite 2727 1001 Bishop Street			528-0641
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

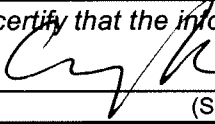
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
ALLIANCE OF RESIDENTIAL CARE ADMINISTRATORS ("ARCA")		234-0888
MAILING ADDRESS (Street)		FAX
c/o Myriam Tabaniag, President 45-526 Nakuluai Street		
(City)	(State)	(Zip Code)
Kaneohe	Hawaii	96744
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Maria Betty Rodriguez, Treasurer		456-8671
MAILING ADDRESS (Street)		FAX
98-1282 Hoohualii Place		
(City)	(State)	(Zip Code)
Pearl City	Hawaii	96782

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

**JAN 10 2007**

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Myriam Tabaniag

President

NAME OF ORGANIZATION (if applicable)

ALLIANCE OF RESIDENTIAL CARE ADMINISTRATORS ("ARCA")

TELEPHONE

234-0888

MAILING ADDRESS (Street)

45-526 Nakuluai Street

FAX

(City)

Kaneohe


(State)

Hawaii

(Zip Code)

96744

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

**January 07, 2007**

(Date)